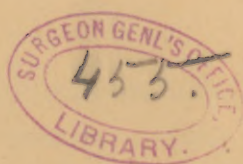


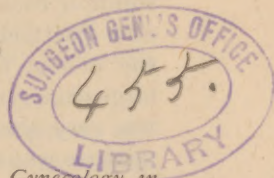
HAYNES (J. R.)



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[Reprinted from SOUTHERN CALIFORNIA PRACTITIONER.]

Gynecological Memoranda.



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REMARKS ON THE USE OF IODOFORM-ETHER-GLYCERINE INJECTIONS IN SEPTIC CAVITIES.

There is, of course, nothing new in this application of iodoform. The following cases are quoted merely as illustrating a valuable method of treatment. The following was the formula used:

Iodoform,	$\frac{7}{8}$ ss.
Ether,	$\frac{3}{4}$ i.
Glycerine,	$\frac{3}{4}$ iii.

I. A woman was allowed to retain the decidua of a two month's miscarriage for ten days, notwithstanding septic symptoms had developed. On the tenth day Francis Haynes saw the case in consultation with Drs. S. and N. The uterus was held fast by a swollen adherent tube, rendering the subsequent process somewhat difficult. Under chloroform it was dilated with Goodell's dilator, and a large quantity of decidua removed by the curette. Copious irrigation.

The pulse fell from 104° to normal, but in two days rose again to 102.6° . After copious irrigation, a portion of iodoform mixture was injected.

At the risk of seeming tedious, the method of cleaning and disinfecting the uterus will be described.

Patient brought to edge of bed, legs wrapped in blankets, bed protected by oil cloth, forming a water shed into tub; vulvar hair clipped; vulva carefully cleaned. Vagina irrigated with half a gallon hot water, then a quart of 1:2000 sublimate solution, then with hot water. Double tube, which had just been boiled, attached to fountain syringe, introduced into uterus under guidance of the finger, taking care not to introduce air. Two quarts hot water used; then a pint of 1:5000 sublimate solution, then a quart of hot water. The fountain syringe was now disattached and short piece of rubber tubing attached to the end of the double tube, through which, by means of a large glass syringe an ounce of Marchand's peroxide of hydrogen was very slowly injected. Next one ounce of the iodoform mixture was very slowly injected. Of course most of it ran out through the double tube, which was now removed. A pad of thick sublimate gauze was now adjusted to vulva.

Rapid recovery.

II. Clarence W. Abscess near right lobe of prostate. It was feared that it would break into bladder or rectum, or both. With a long narrow bistoury, the abscess was reached from the perineum. A drainage tube was inserted, passing up four and one-half inches, and essentially the same process as that just described gone through. This was repeated morning and night for three days, when the drainage tube was removed. Very slight discharge subsequently, and rapid recovery.

III. Mrs. McC. Peritoneal abscess reaching from the left iliac fossa to within two finger-breadths of the left costal margin, nearly to lumbar region on left side, and to beyond the linea semilunaris on the right side. Opened by an incision admitting two fingers, peritoneum sewed to skin, irrigated and drained. Next day, the process described was repeated. Temperature, which had ranged from 100 degrees to 104 degrees, went to 99 degrees; on the third day it rose to 99½ degrees, and treatment was repeated. The treatment in the interval consisted merely in renewing the sublimate gauze dressing occasionally when it became stained by a thin yellowish discharge. The patient was kept in bed a month, and at the end of two months she was perfectly well, except that a slight thin discharge continued from the seat of the abscess.

The aim was to repeat the process only when a rise of temperature or the presence of pain indicated that pus was accumulating in the cavity. During the entire treatment, the process was repeated three times.

I believe that the method of treating septic cavities described here will be found, when judiciously employed, to be much superior to the plan which consists of the introduction of drainage tubes and frequent irrigation.

TAIT'S FLAP-PERINEUM OPERATION.

In two cases of complete laceration of the perineum which I desire to put on record, Francis Haynes has used this procedure, following the very graphic description given by Mundé. (*Am. Jour. Obstetrics*, July, 1889).

I. The laceration extended one inch up the septum, and there was marked incontinence. Four previous operations had been made by other surgeons. In this case, following Mundé's advice, the edge of the skin was included in the sutures: consequently there was some pain for three days. With this exception the recovery was unattended by any unpleasant symptoms. Result perfect.

II. The rent in this case which was operated upon on the next day after the first case, extended two inches up the rectum, and had, like the first, been sutured four times previously by other surgeons. Here following the advice given by Tait in his last book, the skin was not included in the sutures. *There was absolutely no pain* after the operation. Result perfect.

It seems that this procedure possesses all the merits assigned to it by Mr. Tait. It is probable, however, that it should not be used in those cases in which colpoperineorrhaphy is made for the purpose of forming a support to a prolapsed uterus, or to cure a colpocele. (Consult note by Hanks, *American Journal of Obstetrics*, October, 1890, p. 1133; also first volume of Tait's *Diseases of Women*, recently published by Lea Bros.

[A minute description of the operation was here given, and was illustrated by diagrams].

VAGINAL HYSTERECTOMY.

A uterus, together with the ovaries and tubes, is here exhibited. It was removed by Francis Haynes two days ago, for sarcoma. The temperature and pulse are normal.

[The patient made an excellent recovery, and was discharged on the twenty-fifth day.]

